

PRISONER NAME	FIRST NAME	MIDDLE NAME	LAST NAME
	JACK		TRACY
CELL NO.	F2	AGE 52	DATE 11-17-67 TIME 6 PM
COPIES FOR DISTRIBUTION			
1. Prisoners File	<input type="checkbox"/>	Prisoner Remains <u>Rectal examination at request of Dr. &amp; FBI</u>	
2. Emergency Hosp. M.D.	<input type="checkbox"/>	Nature of illness or injury <u>Accompanied by 10 foreign bullets present as far as 3 inches</u>	
3. Cap. Chief Services	<input type="checkbox"/>	Treated in Jail <u>Emergency</u> <u>Portland</u>	
4. 3rd Copy Remains Book	<input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D. <u>Emergency</u>	
		Jailer On Duty	<u>John J. Butcher</u>
NOTE: In the event of injury to prisoner while in jail special report must be made.			